

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AH</i>	<i>72492</i>	<i>12/5/99</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>12/29/99</i>
FORMALITY REVIEW	<i>DL</i>	<i>608971</i>	<i>1/10/00</i>
RESPONSE FORMALITY REVIEW		<i>59383</i>	<i>3/17/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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If more than 150 claims or 10 actions  
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